

Penquis District Coordinating Council
MINUTES
October 15, 2010

In attendance: Dale Hamilton (CHCS), Jamie Comstock (Bangor Health and Community Services), Shawn Yardley (Bangor Health and Community Services), Lisa Dunning (Eastern Area Agency on Aging), Amanda Cost (Spruce Run), Paul F. Ducharme (DDPC), Jerolyn Ireland (Tribal Districts), June Fiske (River Coalition), Shannon Bosney (Penquis), Robin Mayo (PPHC), Lee Averill (EMHS), Linda McGee (PHNP), Jane McGillicuddy (PHNP), Wendy Berube (PHNP), Vicki Rusbult (EMDC), Jerry Whalen (EMHS), Dennis Welsh (C A Dean), Christina Pratley (Mayo Regional Hospital), Kathy Knight (NE-MRRC/EMMC), Pamela Jacobson (Charlotte White Center), Tom Lizotte (Mayo Regional Hospital), Shelly Drew (Millinocket Regional Hospital)

Item	Discussion	Action
Welcome	Dale welcomed everyone and introductions were made around the table.	
Updates	<p>Election of Chair and Vice Chair: Dale Hamilton was nominated and agreed to serve as Chair for the next year. Tom Lizotte was nominated, but declined, to serve as Vice Chair for the next year citing other committees that he is serving on.</p> <p>District Updates: Jessica gave an update on changes in vital records – how revisions to the system will make data easier to access.</p> <p>Four district level planner Quality Improvement Coordinators will be hired – working at the district level to help with data – there is presently no one to help the HMPs look at the data.</p> <p>Shawn - the funding is directed to funding within MECDC – which may be necessary to create the environment to support local public health – but it is unfortunate that with all the money coming into the State there is very little money coming directly to the districts – it is all going to build Dora's department bigger – the original intent, when the Public Health Work Group did the work, was to get the money out into the districts.</p>	Revisit appointment of Vice Chair at a future meeting

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	<p>There was a brief discussion regarding how information will be exchanged between the districts and SCC. Dale said that with Shawn’s position within the SCC, that should make it easier for the Penquis District to convey that information.</p> <p>Tom Lizotte informed the members that he is the representative of the county commissioners on the SCC. He will be attending the meeting and bring back information from the SCC. He agreed with Shawn that the intent of the grant money was to build at the grassroots level and not the administration. Things could change under a new administration.</p>	
<p>District Public Health Improvement Plan Logic Model Presentation and Vote</p>	<p>Jessica explained information contained in a Powerpoint presentation regard the indicators for the DPHIP. The plan is a two-year plan to improve health and reduce unnecessary hospitalizations and improve the functioning of the public health system.</p> <p>A committee was formed and has been meeting to determine which essential services should be pursued for this two-year period.</p> <p>The committee voted to endorse Essential Service No. 7 – Link people to personal health services and insure the provision of health care when otherwise unavailable and Essential Service No. 4 - Mobilize community partnerships to identify and solve health problems. There was still the Public Health Indicators and Call to Action to look at to make further determinations.</p> <p>The two areas are Obesity and Flu/Pneumo.</p> <p>Shawn explained that there are people who are struggling for food – we have to be mindful of how this is addressed in the obesity piece. One of the groups that should be brought to the table to help with this issue is Good Shepherd because they feed a lot of people who are at the greatest risk of obesity. There is a luncheon at Good Shepherd on October 28 – anyone interested should contact Shawn. The more we can “cross pollinate” the more effect we may have.</p> <p>It is not about creating another project, but to get an inventory and coordinate what is going on. It is also important for the DCC and Beacon to</p>	<p>Motion to endorse the</p>

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	<p>coordinate their efforts of the same subjects.</p> <p>MOTION was made to endorse the two focus areas and move forward. The motion carried</p>	<p>two focus areas and move forward – Motion carried</p>
	<p>Substance Abuse is also an issue of concern, but was not included in the prevention Quality Indicators. The group has the ability to put issues in the Plan that the District feels are significant to the area. Jamie has requested that substance abuse be included. The question was asked, what is the focus of substance abuse? The group will be able to pick the area that is of more concern such as alcohol, prescription drugs, etc. Jamie explained that one of the areas that her group is starting to feel strongly about is opiate addiction. They are looking forward to create the HMP plan – substance abuse is a deliverable under the Plan - she wants this to align with any district issues. She thinks it can be broad or narrow depending on people's ability to work on it – no issues have been discussed. Addiction rates within the Penquis District are quite high. Jerry explained that his system has just approved a three-year strategic plan and under the community part there is an objective to do something about the substance abuse. Shawn explained that he is working closely with the recovering community and there are a number of issues that should be addressed and feels that this group could help with some of these issues.</p>	<p>Bruce Campbell would be a good person to have work with this group</p>
Meeting Space	<p>Jessica informed the group that the current meeting space will not be available and the DCC is looking for new meeting space, anyone who has any suggestions should contact Dawn Furbush.</p>	
Penquis Unorganized Territories and Local Health Officer Coverage	<p>Tom Lizotte explained county government has the responsibility to deliver services to unorganized territories (UT). The commissioners thought that it would be logical for them to appoint a Local Health Officer to service the unorganized territories; however, the statute regarding LHO does not mention counties – it provides that LHO for the UTs be provided by the organized town located adjacent to the UT. This means that these towns have an unfunded mandate to provide LHO services to the adjacent communities. There are</p>	

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	<p>a number of logistic issues that need to be address since some of the towns are located in different counties from the UT they are adjacent to.</p> <p>This legislation runs counter to the intention of the counties providing services to the UTs.</p> <p>The attorney for CDC has been consulted and he agrees that the statute does not make sense. He has suggested that the counties servicing the UTs be allow to appoint a LHO to service the UTs.</p> <p>Another issue is that in a small county, such as Piscataquis, which has small towns (many have fewer than 300 citizens) it is very difficult for those places to find anyone in their community willing to serve as the LHO. While county government is willing to step up and name an LHO for the UTs – since they would already have that individual, it might make sense to enter into a Memorandum of Understanding with some of the smaller town that cannot find their own LHO. They have already reached out to a number of towns that would like to do this. However, under the current statute, that is not allowed.</p> <p>What they would like to do is move things up the ladder, if this group feels that it make sense to allow the counties to appoint a LHO to serve the UTs. and to send that information along to the SCC so they can look at the statute. Tom has spoken with Dr. Mills about this and she does not have a problem with a county having an MOU with the towns.</p> <p>This seems to be one of those things that need to be looked at to make it more efficient.</p> <p>Motion was made and seconded to support the LHO concept. Motion passed</p>	
<p>Updates:</p>	<p>Shawn explained that on Monday mornings he has been given the opportunity to do public health types of things on radio station 103.1 for a half hour. If anyone has something that they would</p>	

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	<p>like to get out, contact him and they can have his spot or he can relay the information.</p> <p>Jerilynn Ireland reported that for the first time ever the Penobscot Nation has a native American physician. In her fall edition of the newsletter she has an article about him, which is another way that she can reach all tribal members of all five tribes. They are also performing a first time ever, tribal health assessment. They are working with the University of Nebraska and it has taken a year and a half to get the instrument ready because of the diversity and complexity of the data to be collected.</p> <p>Jamie reported that the District Tobacco Coordinator position has been eliminated in the new funding cycle. The idea being that the DTC would operate on a higher level on tobacco issues. State staff felt like there wasn't enough tobacco work being done to support those positions and it is her understanding that this funding will go back to the HMPs. They are awaiting the release of the new RFP which will be due sometime in January. Each HMP has had the opportunity to participate with the Maine Physical Activity and Nutrition Program, the University of New England in a pilot program with childcare centers. It is about nutrition and physical activity self-assessment for childcare. Each of the HMPs has chosen two childcare centers that are not Head Starts, that have over twenty children in them, to do an assessment, develop a plan for action and work on some improvements on physical activity and nutrition of that center's choice. They are going to being using 5-2-1-0 to the extent possible in implementing these policies and strategies. This will be going on until June.</p> <p>Kathy Knight reported that Susan Collins has developed an interest in emergency preparedness for long-term care facilities, home health care, residential care and hospice, because of things that happened during Katrina. There are a</p>	
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	<p>number of things happening, one of which is a new law that will be “Failure to prepare” which will make any organization liable if they fail to prepare for emergency management and they have a negative outcome.</p> <p>An appropriation request for \$640,000 was made and it was received for the purpose of bringing in non-traditional partners for emergency preparedness – getting them on line for emergency preparedness plan, instant command system, education and training for these organizations. They are in the process of developing resource management lists for each of these organizations. This grant covers nine counties. There is a one year deadline date. They are hiring five individuals and will be working very hard to meet the deadline and deliverables.</p> <p>Shannon reported there has been a lot of traffic around the fuel assistance program. She asked members to encourage anyone they know that needs help to apply. The money has not been allocated so they can’t approve people until the allocation has been made. There is a lot of anxiety out there among the people that need assistance. It will be November before Penquis will know anything regarding funding.</p> <p>Jamie reported that Karen Hawkes of Healthy SV had a baby girl in September.</p> <p>Shawn reported that he is on the alumni board at Husson University. He has been talking to them about intern programs – if anyone has any ideas, let him know.</p> <p>Kathy said that the Medical Reserve Corps is looking for projects as well. They want to get involved more with schools.</p> <p>Jerry reported that the University of New England and Muskie School are hard at work on a collaborative effort to produce EMHS needs assessment on a statewide basis.</p>	
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Wrap-up and next steps	Jessica reminded everyone that the next meeting will be Thursday, January 13, 9 – 12, location to be determined.	
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